

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10695381

FILING DATE

10-29-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2							52								
3	1						53								
4	1						54								
5		4					55								
6		4					56								
7		4					57								
8		4					58								
9		4					59								
10	1						60								
11		1					61								
12	1						62								
13							63								
14							64								
15							65								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6						TOTAL IND.								
TOTAL DEP.	21						TOTAL DEP.								
TOTAL CLAIMS	27						TOTAL CLAIMS								